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Date: MARCH 22, 2005

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U.S. PATENT AND TRADEMARK OFFICE
Fax #: (703) 872-9306

From: FRANK C. NICHOLAS
Phone #: (847) 424.2521

Client/Matter No.: DP-304183 (7500/60)

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 (703) 872-9306
 From: FRANK C. NICHOLAS
 Phone #: (847) 424-2521
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TRANSMITTAL FORM

(TO BE USED FOR ALL CORRESPONDENCE AFTER INITIAL FILING)

Attorney Docket No.	DP-504183 (7500/60)
Application Number	09/943,961
Filing Date	AUGUST 31, 2001
First Named Inventor	BRUNO P. B. LEQUESNE
Group Art Unit	2837
Examiner	LEYKIN, RITA

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Response to Non-Final Office Action Dated November 19, 2004 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Two-Month Petition for Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Rerouting Slip (PTO/SB/89) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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First Presentation of Multiple Dep. Claim					+ \$180=	--	+ \$360=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

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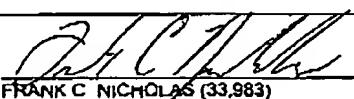
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TRANSMITTAL FORM		Attorney Docket No	DP-304183 (7500/60)
		Application Number	09/943,981
		Filing Date	AUGUST 31, 2001
		First Named Inventor	BRUNO P. B. LEQUESNE
		Group Art Unit	2837
		Examiner	LEYKIN, RITA

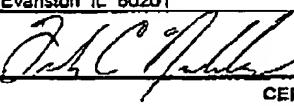
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Indep		Minus		0	x \$100=	0	x \$200=	\$
First Presentation of Multiple Dep. Claim					+\$180=	—	+\$360=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

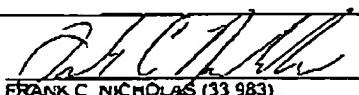
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